

COURT OF PROBATE,		DISTRICT NO.
	ESTATE OF <div></div> ,deceased	
	FIDUCIARY'S NAME	POSITION OF TRUST
	<p>The fiduciary hereby exhibits this account to said Court for allowance and makes oath that the same is a true and complete account of all receipts and disbursements made in said capacity.</p> <p>The fiduciary represents that: all claims allowed against said estate have been fully paid; there are no claims now outstanding against the estate; and there are no heirs nor distributees other than those listed in the Application for Administration or Probate of Will, or in the schedule of proposed distribution.</p> <p>The fiduciary, therefore, makes application for an ascertainment of heirs and distributees and an order of distribution in accordance with the schedule of proposed distribution attached hereto. (<i>Conn. Probate Practice Book</i>, Rule 6.13.) [For simple estates, use PC-242. For other estates, use this sheet for summation only and attach appropriate schedules. Attach Affidavit of Heirs, if required by the Court.]</p> <div></div> <div>\$</div>	
THIS ACCOUNT CONSISTS OF PAGES.	DATE	<p>The representations contained herein are made under the penalties of false statement.</p> <div></div> <p>Fiduciary:</p>